MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/914163   FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1						
2						
3		2				
4		2				
5		1				
6	1					
7		2				
8		2				
9		2				
10		2				
11		1				
12	1					
13		1				
14	1					
15		1				
16	1					
17	1					
18	1					
19		2				
20	1					
21	1					
22	1					
23		1				
24	1					
25		1				
26	1					
27		1				
28	1					
29	1					
30	1					
31		2				
32	1					
33	1					
34		2				
35	1					
36		1				
37	1					
38	1					
39	1					
40		1				
41	1					
42		1				
43	1					
44	1					
45		2				
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS						

	IND.	DEP.	IND.	DEP.	IND.
51		1			
52		1			
53		1			
54		1			
55		1			
56		1			
57		1			
58	1	1			
59	1	1			
60	1	1			
61	1	1			
62	1	1			
63	1	1			
64	1	1			
65	1	1			
66		1			
67	1	1			
68		1			
69	1				
70		1			
71	1				
72		1			
73	1				
74	1				
75	1				
76		1			
77		1			
78		1			
79		1			
80	1				
81		1			
82		1			
83		1			
84		1			
85	1				
86		1			
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.	9	↓		↓	↓
TOTAL DEP.	77	↓		↓	
TOTAL CLAIMS	86				

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS